

FLORIDA ENTERPRISE ZONE PROGRAM

BUILDING MATERIALS SALES TAX REFUND

APPLICATION FOR ELIGIBILITY

(Based on s. 212.08 (5)(g), F.S.)

Date of Application: _____

Taxpayer Name: _____

Mailing Address: _____

Property Address: _____

Assessment Roll Parcel Number: _____

Florida Enterprise Zone Number: EZ-_____

Description of Improvements: _____

Building Permit Number: _____

(Attach a copy of actual building permit with inspection dates.)

Building Inspector Name: _____

Phone: _____ FAX: _____

(Attach a certificate from building inspector that improvements are substantially completed.)

Date of certificate stating that improvements are substantially completed: _____

Date when rehabilitated property is first subject to assessment (if applicable): _____

IMPROVEMENTS

(Attach a copy of each invoice listing sales tax paid for all eligible building materials.)

A separate sheet may be used if necessary to account for all building materials.

Building Materials	Sales Price	State Sales Tax Paid (6%)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Sales Price of Building Materials: \$ _____ Total State Sales Tax: \$ _____
x 97%

Amount of Sales Tax Eligible for Refund \$ _____
 (subject to limitation in Section III)

If invoices are not available, please complete the following:

Assessed value after rehabilitation: (1) _____ Assessment Date: _____
 Assessed value before rehabilitation:(2) _____ Assessment Date: _____

(Attach documentation of assessed values: before and after rehabilitation.)

Calculation of Sales Tax Refund: Difference between line (1) and line (2)= _____ x 40%=
 _____ x 6% = _____ x 97%= _____ Amount of Sales Tax Refund.

Amount of sales tax refund is subject to maximum amount of sales tax refund (see section III Calculations).

BUSINESS TAXPAYERS ONLY

Is the business a small business as defined by s. 288.703(1), F.S. ? ____ yes ____ no

SECTION I PERMANENT, FULL-TIME EMPLOYEES (ENTERPRISE ZONE RESIDENTS)

Name	Address	City	State	Zip	SSN	Enterprise Zone No.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

(If necessary attach a separate sheet listing name, address, city, state, zip code, social security number and the Enterprise Zone Number in which the permanent full-time employee resides.)

SECTION II PERMANENT, FULL-TIME EMPLOYEES (NON-ENTERPRISE ZONE RESIDENTS)

Name	Address	City	State	Zip	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If necessary attach a separate sheet listing name, address, city, state, zip code, and social security number of each permanent, full-time employee not residing in an Enterprise Zone.)

SECTION III CALCULATION OF PERCENTAGE OF EMPLOYEES:

- 1. Total number of employees from Section I: _____
- 2. Total number of employees from Sections I and II: _____
- 3. Percentage of permanent, full-time employees residing in enterprise zones (divide Line 1 by Line 2, enter here): _____

MAXIMUM AMOUNT OF SALES TAX REFUND

If Line 3 is less than 20%, the maximum amount of tax refund is \$5,000.

If Line 3 is 20% or greater, the maximum amount of tax refund is \$10,000.

I hereby certify that I have examined statements contained on this form, and to the best of my knowledge and belief they are true, correct and complete.

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF ENTERPRISE ZONE COORDINATOR

DATE

PHONE NUMBER OF EZDA

FAX NUMBER OF EZDA

Taxpayer is required to send Original Form EZ-M (with required attachments) along with completed Florida Department of Revenue's Form DR-26S: Application for Tax Refund (address listed below).

**Original forms must reach the Florida Department of Revenue within:
6 months of the date of certificate that the improvements are substantially completed or
by September 1st after the rehabilitated property is first subject to assessment for improvements
to real property completed on or after July 1, 2005.**

**Florida Department of Revenue
Refunds Sub-Process
Post Office Box 6490
Tallahassee, Florida 32314-6490
850/488-8937**